

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; padding: 2px;">09596141</div>	FILING DATE <div style="border-bottom: 1px solid black; height: 15px;"></div>					
							APPLICANT(S) <div style="border-bottom: 1px solid black; height: 15px;"></div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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